

<b>STATE OF MICHIGAN</b>	<b>FINANCIAL STATEMENT</b>	<b>CASE NO.</b>
<b>Court address</b>		<b>Court telephone no.</b>

PERSONAL INFORMATION					
Name (last, first, middle)			Date of birth		Social security no.
Address: <input type="checkbox"/> house <input type="checkbox"/> apartment <input type="checkbox"/> lot no.			City		Zip
Home phone no.	Work phone no.	Cellular phone no.	Driver's license no.		State
Mailing address (if different than above)			Marital Status: <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> separated <input type="checkbox"/> widowed <input type="checkbox"/> divorced      If divorced, date final _____		
Name and address of nearest living relative			Relationship		Phone no.
Names of dependents		Date of birth	Student (Yes/No)	College or University	
Employer #1: (Company name & address)				Length of Employment	
Employer #2: (Company name & address)				Length of Employment	
If self-employed, type of business/trade:		If unemployed, source of support: <input type="checkbox"/> General Assistance <input type="checkbox"/> SSI <input type="checkbox"/> Food Stamps <input type="checkbox"/> AFDC			
Have you ever filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, date filed:		Date completed:	

ASSETS		
Vehicle #1	Year / Make	Present Value \$
Vehicle #2	Year / Make	Present Value \$
Bank/Financial Account #	Name & Address of Financial Institution	Present Balance \$
Bank/Financial Account #	Name & Address of Financial Institution	Present Balance \$
Bank/Financial Account #	Name & Address of Financial Institution	Present Balance \$
Investment/Brokerage Account #	Name & Address of Financial Institution	Present Balance \$
Other Property such as real estate, boats, snowmobiles (describe):		Value \$
<b>TOTAL ASSETS:</b>		<b>\$</b>

MONTHLY INCOME	MONTHLY EXPENSES
Gross Monthly Income (self) \$	Mortgage or Rent \$
Gross Monthly Income (spouse) \$	Utilities \$
Unemployment Benefits \$	Vehicle Payments \$
Social Security \$	Insurance (vehicle/health/life) \$
Retirement/Pension Benefits \$	Other Loan Payments \$
Child Support \$	Child Support/Alimony \$
Alimony/Maintenance \$	Medical Payments \$
Disability \$	Court Payments \$
Veteran's Benefits \$	Other: \$
Interest/Dividends \$	
Other (cash): \$	
<b>TOTAL INCOME \$</b>	<b>TOTAL EXPENSES \$</b>

I certify under penalty of perjury that the foregoing is a complete and accurate statement of my income, assets, and expenses, and that I have no other additional income. I will supply supporting documentation of income and debts upon request.

Date

Signature